

CITY OF WESTWOOD KANSAS
APPLICATION FOR EMPLOYMENT



The City of Westwood, Kansas is an equal opportunity employer. The City of Westwood, Kansas does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Full Name _____ Date of Application _____

Address _____ City, State, Zip Code _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? ☐ Yes ☐ No

Are you at least 18 years or older? ☐ Yes ☐ No

(If no, you may be required to provide authorization to work.)

Have you ever been terminated from employment or asked to resign by an employer? ☐ Yes ☐ No

If yes, please provide company names and details

Can you work any shift? ☐ Yes ☐ No If no, explain: _____

Can you work overtime, including weekends? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ☐ Yes ☐ No

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? ☐ Yes ☐ No

If so may we inquire of your present employer? ☐ Yes ☐ No

REFERRAL SOURCE

How did you hear about us? ☐ Walk In ☐ Advertisement ☐ Referral ☐ Other

Have you ever worked for this company before? ___Yes ___No

If yes, Explain _____

Do you know anyone who works for our company? ___Yes ___No

If yes, who? _____

EDUCATION	Name and location of school	# of years Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

Employer 1			
From	To	Employer Name	Phone #
Job Title		Address	
Immediate Supervisor & title		Summarize the Nature of work performed and job responsibilities.	
Reason for leaving			
Employer 2			
From	To	Employer Name	Phone #
Job Title		Address	
Immediate Supervisor & title		Summarize the Nature of work performed and job responsibilities.	
Reason for leaving			

Employer 3			
From	To	Employer Name	Phone #
Job Title		Address	
Immediate Supervisor & title		Summarize the Nature of work performed and job responsibilities!	
Reason for leaving			
Employer 4			
From	To	Employer Name	Phone #
Job Title		Address	
Immediate Supervisor & title		Summarize the Nature of work performed and job responsibilities.	
Reason for leaving			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone #, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The City of Westwood, Kansas to hire me. If I am hired, I understand that either The City of Westwood, Kansas or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of The City of Westwood, Kansas has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The City of Westwood, Kansas true and complete information on this application. No requested information has been concealed. I authorize The City of Westwood, Kansas to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.